The Asahi Group's Policy and Procedures for the Marketing of Breast-Milk Substitutes (hereinafter, "BMS")

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Introduction—The Asahi Group's Ideas for the Marketing of BMS—

The Asahi Group strives to achieve its aspiration of contributing to the healthy growth of infants and young children based on the understanding of the importance of the International Code of Marketing of Breast-milk Substitutes from the World Health Organization (hereinafter, "WHO") (hereinafter, the "WHO Code") and the Resolutions on Infant and Young Child Feeding adopted at the World Health Assembly (hereinafter, "WHA").

The Asahi Group supports the sound and healthy growth and development of infants and young children by protecting, promoting, and supporting breastfeeding and the provision of safe, appropriate, and adequate nutritional supplement to infants and young children, and makes efforts to contribute to the realization of a sustainable society.

The Asahi Group gives support to the aim of the WHO Code (i.e., to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution). That is, the Group supports and promotes exclusive breastfeeding for the first six months of life and thereafter, the introduction of adequate complementary food (baby food) while breastfeeding continues up to two years of age or beyond.

The Asahi Group recognizes that breast milk is the best nutrient source for infants. On the other hand, the Group also recognizes that there are cases where breastfeeding is not possible or cannot be continued for various reasons. In such cases, the Group recognizes the significance of the role that BMS play in supplying safe and adequate nutrition to infants.

The Asahi Group's Marketing Policy for BMS

The Asahi Group's BMS marketing policy is prepared on the basis of the WHO Code. The following describes the Asahi Group's BMS marketing policy related to Articles 1 to 11 of the WHO Code.

Article 1: Aim

The aim of this BMS marketing policy is to contribute to the health of infants and young children by recognizing the importance of the aim and principle of the WHO Code, by protecting, promoting, and supporting breastfeeding, and by ensuring the proper use of BMS, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2: Scope of application of the Asahi Group's BMS Marketing Policy

2-1. Scope of application to the organization

The Asahi Group's BMS marketing policy applies to all the Employees (relevant Employees) of the Group who engage in the marketing and/or sales of the "Covered Products". Relevant employees and third parties authorized to act under the instruction of the Asahi Group are required to comply with this BMS marketing policy.

On the other hand, as for third parties not authorized to act under the instruction of the Asahi Group, there is a limitation to the Company's ability to affect the advertisement and sales promotion of the "Covered Products" carried out by such third party. If permitted by law of the relevant country, the Company will work to have such third parties understand our BMS marketing policy, especially with a focus on advertisement and sales promotion activities.

2-2. Regions to which this policy applies

In lower-risk countries including Japan, we will comply with all of such country's domestic regulations relating to BMS marketing and sales promotion to implement the WHO Code.

As for higher-risk countries, if the country's law to implement the WHO Code is stricter than this BMS policy, we will adhere to that country's law in addition to the BMS policy. The term "higher-risk countries" is defined as countries satisfying either of the following criteria according to the BMS Marketing Criteria of FTSE4Good and are described in Annex 1. Furthermore, countries other than

the higher-risk countries are classified as lower-risk countries:

- The mortality rate of children less than 5 years of age is 10 or more per 1,000 children, or
- The acute malnutrition (moderate and severe debilitation) of children less than 5 years of age is 2% or more.

2-3. Scope of application to products (hereinafter, “Covered Products”)

In the higher-risk countries, this BMS marketing policy will apply to the following:

(i) Infant Formulas (prescribed to satisfy the ordinary nutritional requirement of an infant of 0 to 12 months old) and information on the use thereof;

(ii) Follow-up Formulas (limited to those intended for infants under the age of 12 months) and information on the use thereof;

(iii) Complementary Foods and beverages for infants under the age of 6 months and information on the use thereof; and

(iv) Delivery products（i.e. teats and bottles）, and information on the use thereof.

Note that, products intended for use to infants and young children suffering from a particular disease as instructed by a Healthcare Professional (hereinafter, “HCP”) (special dietary foods, foods for sick people) are not included in the “Covered Products”. These products include, for example, soymilk using soybean milk powder for infants suffering from an allergic disease, and oral rehydration solutions to supply water and electrolyte in the case of dehydration due to viral gastroenteritis.

Article 3: Definitions

The definitions of the terms are described in Annex II.

Article 4: Information and education

4-1. The Asahi Group supports the government of each country to ensure that objective and consistent information on infant nutrition is provided for use by the families raising infants and those involved in the field of infant nutrition.

4-2. All informational and educational materials dealing with the feeding of infants, which are intended to reach pregnant women and mothers of infants, describe

the contents concerning the items (a) to (e) of Article 4.2 of the WHO Code as shown below:

(a) the benefits and superiority of breast-feeding;
(b) maternal nutrition, and the preparation for and maintenance of breast-feeding;
(c) the negative effect on breastfeeding of introducing partial bottle-feeding;
(d) the difficulty of reversing the decision not to breastfeed; and
(e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared.

These materials describe information on the health hazards of unnecessary or improper use of the “Covered Products”, and do not use any pictures or text which may idealize the use of the “Covered Products”. The Asahi Group considers that idealization refers to the wording and communication suggesting that Infant Formulas are superior or equal to breast milk.

4-3. Informational or educational materials and/or equipment concerning the health of mothers, infants, and young children which are provided to pregnant women and mothers of infants and young children for the purpose of use of such materials and/or equipment at Healthcare Entities (hereinafter, “HCE”) cannot bear the product name (including the name of the series and the name of brand) and/or logo of the “Covered Product”, but may bear the company’s name or logo.

Such materials and/or medical treatment-related articles are provided only at the request and with the written approval of the appropriate government authority, HCE, or HCP, or within guidelines given by the government for this purpose. These materials and educational equipments are distributed only through the HCE or HCP.

Article 5: General consumers and mothers

5-1. The Asahi Group does not carry out any advertisement or any form of sales promotion for the “Covered Products” to general consumers.

5-2. The Asahi Group provides no samples of the “Covered Products” directly or indirectly to pregnant women, mothers, or family members of infants.

5-3. The Asahi Group does not use point-of-sale advertising, the giving away of

samples, or any other sales promotion means to sell the “Covered Products” directly to consumers at the retail level. Such sales promotion means include, but are not limited to, the following:

- Special displays;
- Discount coupons;
- Sales with premiums;
- Special sales; and
- Tie-in sales.

This provision does not, however, restrict the establishment of pricing policies and practices intended to provide products at low prices on a long-term basis.

5-4. The Asahi Group does not distribute to pregnant women or mothers of infants any gifts of articles or utensils which may promote the use of the “Covered Products” or bottle-feeding.

5-5. No employee of the Asahi Group contacts pregnant women or mothers of infants directly or indirectly for the purpose of selling the “Covered Products”. This does not, however, restrict employees of the Asahi Group from directly responding to the questions from consumers concerning the “Covered Products” through the telephone helpline, website, and/or social media.

Article 6: Health care system

6-1. Article 6.1 of the WHO Code is addressed to government authorities in charge of health care.

6-2. The Asahi Group does not use HCE for the purpose of promoting sales of the “Covered Products”. This does not, however, restrict it from directly providing HCP with scientific or technical product information, as set out in Article 7.2 of this BMS marketing policy.

6-3. The Asahi Group does not display the “Covered Products”, or placards or posters at HCE. Furthermore, the Asahi Group prohibits distributing any materials for the “Covered Products” in the HCE, except in the cases set forth in Articles 4.2 and 4.3 of this BMS marketing policy.

6-4. The Asahi Group does not, directly or indirectly, provide to HCE or pay for professional service representatives, childcare counselors, or similar personnel.

6-5. No employee of the Asahi Group is involved in directly providing to mothers or their family members an explanation and demonstration of feeding with Infant Formula. Those who engage in such acts are limited to a Health Worker or other community workers (i.e., community consultants or volunteers). Employees of the Company may provide relevant educational and guidance materials to support Health Workers in fulfilling their responsibilities.

6-6. The Asahi Group may donate or supply the “Covered Products” free of charge or at low price only when in response to a particular written request from the government, HCE, or a proper aid agency. Such Supplies will be distributed only to the infants for whom the Health Worker determines that feeding with the “Covered Products” is needed. The Supplies are not provided to Health Workers or HCE as a sales inducement.

6-7. The Asahi Group is aware of the following responsibility as a donor, which is based on Article 6.7 of the WHO Code.

6-8. The materials and/or medical treatment-related equipment, in addition to those defined in Article 4.3, donated to HCE may bear the Company’s name and/or logo, but may not state the brand name or logo of the “Covered Products”. The materials and/or practice-related articles are provided only to HCE, and such provision is based on HCE’s written request and is carried out in accordance with HCE’s and the Asahi Group’s transparent, established, and bona fide procurement, billing, and, where applicable, payment procedures.

Article 7: Health Worker

7-1. The Asahi Group endeavors to ensure that Health Workers become familiar with their responsibilities under the WHO Code.

7-2. The Marketing Personnel of the Asahi Group provide, to HCP, only the objective and scientific information based on the facts related to the “Covered Products”. Such information does not imply or create a belief that bottle-feeding is

equivalent or superior to breast-feeding. Furthermore, such information clearly indicates that this is for HCP's exclusive use and states the information described in Article 4, paragraph 2of this BMS marketing policy.

7-3. No financial or material inducements to promote sales of the "Covered Products" are offered by the Asahi Group to Health Workers or members of their families.

(i) If permitted in accordance with the local laws and regulations and (ii) permitted due to consistency with the Company's internal policy and procedures, the Asahi Group may give to HCP a small, inexpensive, cultural/social/ceremonious gift on an occasion of important national, cultural, or religious event. Such gift items do not evoke recommendation of the "Covered Products", are irrelevant to the work of Health Workers, and do not bear the brand name or logo of the "Covered Products".

7-4. The Asahi Group does not provide to HCP any samples of the "Covered Products" and/or equipment or utensils relating to preparation of the "Covered Products" except when necessary for the purpose of professional evaluation or research at the institutional level. In the case of the Product for Professional Evaluation (hereinafter, "PPE") of the "Covered Products" and/or equipment or utensils relating to preparation of the PPE, it is possible to provide them to HCP in the following cases:

- When introducing a new "Covered Products" or package/label of the "Covered Products";
- When introducing a new ingredient/recipe of an existing product;
- When presenting the "Covered Products" to a new or recently qualified HCP; and
- When obtaining data on the professional evaluation and efficacy of the "Covered Products".

The label or Container of the PPE states at least the text: "For professional evaluation—reselling prohibited," or, if there is a text clearly required by local law or regulation, states as required. The distribution of the PPE of the "Covered Products" is made only when requested by a document approved by HCP. At that time, the document shall clearly state at least the following:

- The requested PPE is used only for the purpose of professional evaluation;
- PPE is in need;

- HCP recognizes his/her own obligations defined under the relevant laws and regulations in the country where he/she resides, and agrees to respect such obligations;
- PPE is not provided as an incentive for purchase, reselling, or recommendation of the “Covered Products” of the Asahi Group; and
- PPE will not be resold nor taken out of the office for personal use by HCP or his/her staff.

7-5. To promote continuous professional expertise development and training, the Asahi Group may make any contribution to HCP himself/herself or on his/her behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like in accordance with relevant laws and regulations. Information on such contribution will be disclosed to the institution to which the HCP is affiliated.

The Asahi Group may, if permitted by local laws and regulations, conclude a contract on piecework with HCP as a speaker or consultant to provide service to the Asahi Group. The HCP to the contract on piecework is compensated with the amount not exceeding the proper market price for such service as determined in accordance with the internal company rules and procedures of the Company. Transportation costs, accommodation costs, and cost of meals incurred as a part of the service, which are reasonable and comply with internal company rules and procedures of the Company, may be reimbursed. HCP’s personal costs, such as the expenses incurred from HCP’s entertainment or his/her accompanied spouse or other invited guest/s, or the expenses resulting from staying longer than needed, may not be reimbursed.

Article 8: Persons employed by Manufacturer and Distributor

8-1. None of the target volume of sales, target amount of sales, or quotas for sales especially set for the “Covered Products” is included in the calculation of bonuses or incentives to Employees of the Asahi Group. This does not prevent the payment of bonuses based on the overall sales of the products marketed by the Asahi Group.

8-2. The Asahi Group’s Marketing Personnel in charge of the “Covered Products” may not perform educational functions regarding the “Covered Products” at the HCE in relation to pregnant women and mothers of infants. This does not,

however, prevent the Marketing Personnel from performing other work (other than the educational functions regarding the “Covered Products”) at the HCE at the request and with the written approval of the proper authority. Furthermore, in such cases, the Marketing Personnel acts while taking into account Article 4, paragraph3, Article 5, paragraph 5, and Article 7, paragraph 2 of this BMS marketing policy.

Article 9: Labelling

9-1. The Labels of the “Covered Products” are designed to provide all the necessary information about the safety and appropriate use of the Products, and must not prevent breastfeeding in accordance with the local laws and regulations (including those contained in Codex Alimentarius if applicable).

9-2. Unless otherwise provided for by law, the Labels of Infant Formulas must be a printed Label which cannot readily become separated from the package or product. The Label must be clear, conspicuous, and easily readable and understandable, in an appropriate language, which must include all the following points:

(a) the words “Important Notice” or their equivalent;
(b) a statement of the superiority of breast-feeding;
(c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; and
(d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation.

The requirement of “in an appropriate language” shall conform to the determination of a relevant authority.

Neither the Container nor the Label of Infant Formula should have pictures or illustrations of infants, nor should they have other pictures or text which may idealize the use of Infant Formula. They may, however, have graphics for easy identification of the product and for illustrating methods of preparation. The terms “humanized,” “maternalized,” or similar terms should not be used.

9-3. Food products marketed for infant feeding, which do not meet all the requirements of an Infant Formula, but which can be modified to do so, should carry on the Label a warning that the unmodified product should not be the sole

source of nourishment of an infant.

9-4. Unless otherwise provided for by law, the Labels of the “Covered Products” state the following points in addition to the specific age for use:
(a) the ingredients used;
(b) the composition of nutritional ingredients/analysis of the product;
(c) the storage conditions required; and
(d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10: Quality standard

10-1. To ensure the protection and health of infants, the Asahi Group manufactures all the “Covered Products” under strict hygiene control and quality control procedures.

10-2. The “Covered Products” sold or distributed must meet the applicable quality standard and hygiene standard, or local laws and regulations (including the standards recommended by the Codex Alimentarius Commission if applicable). If the quality standard of the Asahi Group is stricter than that of the local regulations, the Asahi Group’s quality standard takes precedence.

Article 11: Implementation and monitoring

11-1. The government of each country is responsible for the implementation and interpretation of the WHO Code. In all the countries where the Asahi Group develops its business, the Company cooperates with the governments and other stakeholders in the establishment of local laws and regulations related to the implementation of the WHO Code and in the implementation of other measures.

11-2. The Asahi Group cooperates with the governments and other stakeholders in the monitoring of the status of application of the WHO Code.

11-3. Independent of any other measures taken by the governments to implement the WHO Code, the Asahi Group promises to monitor its own marketing practices according to this BMS marketing policy.

We take measures to check and confirm that our acts conform with the BMS marketing policy. To support the monitoring of our marketing practices, the Company's approach to monitor the compliance is outlined in the section of "The Asahi Group's Implementation Procedures for the Marketing of BMS" of this BMS marketing policy.

11-4. The Asahi Group encourages its Employees and other stakeholders to share matters of concern about the BMS marketing practices of the Company so that appropriate corrective action can be taken as necessary.

11-5. The Asahi Group apprises the Marketing Personnel and third parties on their behalf involved in the marketing of the "Covered Products" of their responsibilities to comply with all the relevant local laws and regulations that are applicable to the BMS marketing policy as well as the marketing, distribution, and sales of the "Covered Products".

11-6. Article 11.6 of the WHO Code provides the content that the government of each country should deal with.

11-7. Article 11.7 of the WHO Code provides the content that the WHO Director-General should deal with.

The Asahi Group's Implementation Procedures for the Marketing of BMS

1. Appropriate policy and procedures

The Asahi Group promises to establish the documented policy and procedures that may help the Employees and a third party authorized to act under the instruction of the Asahi Group in understanding the WHO Code, local laws and regulations concerning the marketing of BMS, and the Company's BMS marketing policy.

The Asahi Group guarantees to periodically review and renew the supporting policy and procedures as well as the internal guidelines on the basis of local laws and regulations and/or any changes to the BMS marketing policy of the Company.

2. Training and communication

The senior management officers and Employees of the Asahi Group in all the countries who are involved in the sales/marketing of the "Covered Products" are given training and are thereby apprised of the importance of protecting and supporting breastfeeding including the WHO Code as well as this BMS marketing policy and procedures. The records of the training are documented in writing and confirmed and verified internally.

3. Responsibility

To have a clear-cut role and responsibility is extremely important in supporting the effective governance and compliance processes. In order to ensure appropriate monitoring, the Asahi Group assigns process and responsibility to particular individuals/groups as follows.

In the Asahi Group, the Group Chief Sustainability Officer (Group CSO) of Asahi Group Holdings, Ltd. bears the ultimate responsibility for the BMS marketing policy. All reports on the compliance with the BMS marketing policy are submitted to the Group CSO to be subject to ultimate review and approval. The responsibility for management, implementation, communication, and monitoring relating to the compliance with the BMS marketing policy is delegated to the BMS Conference established by the Group CSO. The members of the BMS Conference are composed of director/s of BMS-related business, relevant senior management officer/s, head of each country's responsible business division, functional expert/s, compliance expert/s, and the like, and serve for approval of BMS-related all the policies and annual reports and approval of corrective plans for monitoring and indicated matters. Furthermore, the members receive periodic reports on the status of progress and the implementation of corrective measures in the

BMS field from the head of the responsible division of each related business.

A team of experts having appropriate qualifications monitors the compliance with the BMS marketing policy that is being implemented in different regions and periodically reports the results to the BMS Conference. All the policy formulations within the scope of application of this BMS marketing policy are carried out by the corporate level of the Asahi Group to secure the consistency of the approach and the separation from the respective BMS business sections. However, it is recognized that each country's unique law, guidelines, and/or local practices must be respected and adhered to. Consequently, the head of the responsible division of each BMS-related business is responsible for local implementation of the BMS marketing policy and secures the complete compliance in the relevant region.

4. Monitoring and reporting

Continuous monitoring program is in place to ensure that the policy and procedures as well as guidelines are applied appropriately and effectively.

<Monitoring>

The Asahi Group, as shown below, checks and confirms that on-site marketing practices comply with the BMS marketing policy, and conducts numerous monitoring activities planned for specifying inadequacies and points of improvement in the management.

a. Internal monitoring and audit

To check and confirm that the business section in each country (both lower-risk countries and higher-risk countries) is operated in accordance with this BMS marketing policy and procedures as well as the laws and regulations in the local place where the WHO Code is implemented, the monitoring of the status of compliance with this policy is carried out by the front-line BMS-related business section. Internal audits are conducted by an independent internal audit section. All monitoring and audits to check and confirm compliance with the BMS marketing policy are carried out in a continuous manner.

b. Whistle-blower scheme

A system called "Speak Up" has been set up to encourage early detection of risks associated with corporate activities of the Asahi Group and to prevent risks from developing into serious problems. Where the matter involves a breach or potential breach of the relevant laws and regulations or internal company rules, and where the matter cannot be resolved satisfactorily by management, whistle-blowers are

encouraged to approach contacts either inside or outside the company by utilizing Speak Up.

Anonymity is assured for all whistle-blower reports from inside and outside of the company in a way that protects them from any possible negative consequences.

c. External audit

The Asahi Group request an internationally recognized independent third-party organization that has proper qualifications to check, confirm, and evaluate the effectiveness of the Company's policy, compliance management, and audit system in a specific country at least once every two years.

d. Claim for compliance violation

The Asahi Group is provided with a clear-cut process and documented procedures for registering, collating, investigating, tracking, and reporting any claim for the violation of compliance with the BMS marketing policy. Such claims from inside and outside of the Company will be promptly investigated and (if necessary) improvement will be made, with a reasonable and swift response as our goal.

A claim for non-compliance with the BMS marketing policy may be received through various communication means such as telephone, email, website, and letters, but the means are not limited thereto. The content of such claim and the investigation/reporting results are internally registered in an integrated fashion. The investigation of a claim for suspected violation of the BMS marketing policy is carried out by the business responsibility section of each country upon delegation by the BMS Conference, and if the suspicion is proved, appropriate corrective measures shall be taken.

e. Principle of monitoring and investigation

The Asahi Group does not punish management personnel for the loss of business arising from in connection with compliance with the BMS marketing policy. Furthermore, the Asahi Group guarantees that there is no retaliation to the Employee who has expressed concerns in good faith about the known or suspected violation of the BMS marketing policy and that such Employee will receive no disadvantageous decisions on his/her employment because he/she has adhered to the BMS marketing policy.

<Reporting>

Internal reporting ensures accountability, increases knowledge, and enhances awareness in the business. This is useful not only for improving the benchmark of and

compliance with the BMS marketing policy of the Company, but also for attaining consistency in the approach to and application of the policy. The internal reporting on a daily basis as to BMS-related topics is carried out at the BMS Conference and includes, but not limited to, the following:

a. Actual case of proved compliance violation;
b. Summary of internal demonstration for compliance;
c. Progress reporting and results of the internal monitoring/audit conducted;
d. Progress report and results by the external audit conducted; and
e. Recommendation to corrective measures as a result of a), b), and c) or d) above.

Once a year, an annual report on compliance with the BMS marketing policy, which has been approved at the BMS Conference, shall be submitted to the Board of Directors of Asahi Group Holdings. Such report addresses the following, but the topics are not limited thereto:

a. Actual case of proved compliance violation;
b. Summary of internal demonstration for compliance;
c. Summary of the internal and external monitoring and/or audit conducted and of the results; and
d. Recommendation to corrective measures and the related schedule as a result of a), b), and c) above.

Reporting to outside parties provides an opportunity of constructive involvement with major stakeholders while respecting the pledge of the Asahi Group for transparency and involvement. The Asahi Group promises to disclose at least the following information to the general public in relation to the implementation of the WHO Code by the government of each country and compliance with the BMS marketing practices in all the countries where the Asahi Group develops its business:

a. Policy on purpose and practice of the Company's lobbying in relation to the implementation of the WHO Code by government (see 6. Support activities);
b. Public announcement of the industry groups and industry policy groups to which the Asahi Group is affiliated while endeavoring for their operations under high standards;
c. An annual report on an illustrative case of demonstrated compliance violation and the corrective measures that have been implemented; and
d. An external audit report on compliance with the BMS marketing policy and the corrective measures that have been implemented.

5. Corrective measures

The identification and implementation of a corrective measure plan are important elements for the Company's governance approach, which ensures that a proven violation of the BMS marketing policy or against the local law or regulation that regulates the marketing of the "Covered Products" is properly reported and corrected as a result of the following monitoring activities:

- Internal monitoring or audit;
- External audit;
- Individual whistle-blower scheme (Speak Up, Customer Relations Office); and
- Other reporting on the proved compliance violation.

6. Support activities

In support of the aim of the WHO Code, the Asahi Group supports the sound and healthy growth and development of infants and young children by protecting, promoting, and supporting breastfeeding and safe, appropriate, and adequate nutritional supplement to infants and young children, and makes efforts to contribute to the realization of a sustainable society. To advance this, the Asahi Group recognizes that it is important to establish partnerships with a wide range of stakeholders such as those who engage in the business environment, including governments, regulatory authorities, legislators, civil societies, and other companies in the same industry and to cooperate with such persons. When conducting lobbying related to the implementation of the WHO Code and subsequent relevant WHA resolutions, the Company focuses on the following points:

- To share viewpoints, we make efforts to establish periodic and consistent relationships with external stakeholders;
- The involvement and support activities that are direct or via industry groups shall be transparent and based on facts;
- We make efforts for the industry groups and industry policy groups, to which we are affiliated, to be operated under the same high standards, and disclose that we are a member of such organizations. If we are unable to agree with decisions of an industry group or the position of another company, we will have such disagreements be known to all the persons concerned. We make efforts to modify such decisions or position and do not become involved in positions with which we disagree;
- We maintain transparency about our own position and communicate the position to the stakeholders concerned;
- Our lobbying and advocacy activities will be carried out in accordance with local

regulations if any; and

- We cooperate with governments and other stakeholders in the establishment of local laws and regulations concerning the implementation of the WHO Code and in the monitoring of the status of implementation and application of other measures.

The end of the document

<History>

Issued in July 2017.

Amended in August 2020.

Amended in August 2024.

Annex I: List of higher-risk countries

Afghanistan
Albania
Algeria
Angola
Antigua and Barbuda
Argentina
Armenia
Azerbaijan
Bahama
Bahrain
Bangladesh
Barbados
Belarus
Belize
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
Burkina Faso
Burundi
Cambodia
Cameroon
Cabo Verde
Central African Republic
Chad
China
Colombia
Comoros
Cook Islands
Costa Rica
Korea
Republic of Congo
Djibouti
Dominica
Dominican Republic
East Timor
Ecuador
Egypt
El Salvador
Equatorial Guinea
Eritrea
Ethiopia
Federated States of Micronesia
Fiji
Republic of Macedonia
Gabon
Gambier
Georgia
Ghana
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
India
Indonesia
Iran (Islamic Republic)
Iraq
Cote d'Ivoire
Jamaica
Jordan
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Lebanon
Lesotho
Liberia
Libya
Madagascar
Malawi
Malaysia
Maldives
Mali
Marshall Islands
Mauritania
Mauritius
Mexico
Mongolia
Montenegro
Morocco
Mozambique
Myanma
Namibia
Nauru
Nepal
Nicaragua
Niger
Nigeria
Niue
Oman
Pakistan
Palau
Palestinian Territory
Panama
Papua New Guinea
Paraguay
Peoples Republic of Congo
Peru
Philippines
Qatar
Republic of Moldova
Romania
Russia
Rwanda
Saint Christopher and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
Sao Tome and Principe
Saudi Arabia
Senegal
Servia
Seychelles
Sierra Leone
Solomon Islands
Somalia
South Africa
(Republic of) South Sudan
Sri Lanka
Sudan
Suriname
Eswatini (former Swaziland)
Syrian Arab Republic
Tajikistan
Thailand
Togo
Tonga
Trinidad and Tobago
Tunisia
Türkiye
Turkmenistan
Tuvalu
Uganda
Ukraine
United Arab Emiratis
Tanzania
Uruguay
Uzbekistan
Vanuatu
(Republic of) Venezuela
Viet Nam
Yemen
Zambia
Zimbabwe

** Defined in the FTSE4Good adoption criteria for the marketing of Breast-milk Substitute in July 2017*

Annex II: Definitions of terms

■ Breast-milk Substitute: BMS

Any food marketed or displayed as partially or wholly substituting breast milk, apart from whether such food suits the purpose.

■ Infant Formula

Artificial milk prescribed to satisfy the ordinary nutritional requirement of an infant of 0 to 12 months old.

■ Follow-up Formula

Artificial milk commercially available for the purpose of receiving nutrition necessary for an infant, which is used concurrently with Complementary Foods.

■ Complementary Food

Any food that supplements breast milk or Infant Formulas when (breast milk or artificial milk alone become) inadequate to satisfy the nutritional requirement necessary for an infant. Such food is generally called “baby food” or “food supplementing the nutrition of breast milk.”

■ “Covered Products”

Pursuant to the definition in “Scope of application to products” of Article 2 of this BMS policy.

■ Excluded Product

Pursuant to the definition in “Scope of application to products” of Article 2 of this BMS policy.

■ Product for Professional Evaluation: PPE

A small amount of “Covered Products” that is provided free of charge to HCP for the purpose of an evaluation of the Product conducted by expert.

■ Sample

A small amount of or a single “Covered Products” that is provided free of charge. PPE is not included.

■ Supplies

A certain amount of “Covered Products” provided for use, free of charge or at a low price for a certain period in time for volunteer social service purposes. This includes cases of providing to families in need of the “Covered Products”.

■ Delivery Product

Product used when taking the “Covered Products” (feeding teats and bottles)

■ Container

Any form to pack and retail the “Covered Products”. Wrapping paper is included.

■ Label

This refers to any tag, trademark name, mark, picture or drawing, and instructions that are attached to the Container of the “Covered Products”, including cases where such information is displayed directly on the Container by hand-writing, printing, stencil printing, stamping, embossing, or indenting, or by other means and cases where such information is indirectly attached as an attachment or the like.

■ Employee

This refers to those who are employed by a permanent or temporary contract with the Asahi Group, or employed at will by the Asahi Group, or employed under the joint venture whose management right is held by the Asahi Group. For the purpose of this BMS marketing policy, Employees do not include the individuals who provide service as a consultant or independent contractor, and individuals who are employed by another business entity such as employees of an agency.

■ A third party authorized to act under the instruction of the Company

This refers to a Distributor formally approved by the Company, which has a direct service relationship and/or contractual relationship with the Asahi Group (Authorized Distributor).

■ Distributor

This refers to a corporation, company, or any other business entity public or private that engages in the marketing business at the wholesale or retail level handling the “Covered Products”.

■ Manufacturer

This refers to a corporation or any other business entity public or private that engages in the business or duties to manufacture the “Covered Products” (whether directly, through a managed agency, or in contract with such agency).

■ Healthcare Entity: HCE

This is defined as governmental, non-governmental, or private institutions or organizations that engage in providing healthcare to pregnant women, mothers, and infants and young children. This includes facilities where a Health Worker personally provides healthcare, but does not include personal residences, pharmacies, and any other existing stores.

■ Health Worker

This is defined as a person who works while being involved in the health system, professional or non-professional, and includes unpaid volunteers.

■ Healthcare Professional: HCP

This refers to a person who is in a position of providing healthcare service or

recommending, managing, and affecting the purchase or use of the relevant products of the Asahi Group, including physician, nurse, nutritionist, medical assistant, midwife, resident, and pharmacist, but not limited to these job types.

■ Marketing

This refers to sales promotion, distribution, sales, advertisement, public relation activities, and information service for the “Covered Products”.

■ Marketing Personnel

All the Employees who work in relation to the marketing of the “Covered Products”.

■ WHO Code

International norms concerning the marketing of Breast-milk Substitutes as formulated and then endorsed by WHO in 1981.

■ WHA

This refers to the World Health Assembly.

Annex III: List of Relevant Affiliated Organizations

Japan Dairy Industry Association
Japan Baby Food Committee